

# New Hope Camp and Conference Center, Inc.

## Special Event Registration Form

Today's Date: \_\_\_\_\_ Name: \_\_\_\_\_

Register me for: \_\_\_\_\_ Dates: \_\_\_\_\_

Church name: \_\_\_\_\_ Church City: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

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### Fees and Payment

**Fee:** \$\_\_ per person. This fee covers the program and lunch. Payment may be cash, check, MC or VISA.

**Refund Policy:** If cancellation occurs ten or more weekdays prior to the event, all deposits and fees paid are fully refundable except for a \$5 service charge. If "late" cancellation occurs, less than ten weekdays prior to the event, all deposits and fees paid are non-refundable, unless the cancellation occurs due to a verifiable medical or family emergency. A full refund will be given if NHCCC should cancel due to weather conditions.

**Rain date:** \_\_\_\_\_

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### Health/Emergency Contact Information

\_\_\_\_\_  
Primary Emergency Contact (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Day Phone Evening Phone

Please list any known allergies or health conditions requiring restriction or other accommodation while at NHCCC:

Do you require a vegetarian option for lunch? \_\_\_\_\_  
Yes No